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COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF NURSING

ASSESMENT OF SELF MEDICATION PRACTICE AND ASSOCIATED FACTOR AMONG ADULT HOUSE HOLD MEMBERS OF GUBRE TOWN, GURAGE ZONE, ETHIOPIA, CROSS SECTIONAL STUDY 2022.

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ABSTRACT

BACKGROUND: Self- medication involves the use of medicinal products by the consumer to treat self-recognized disorders or symptoms, or the intermittent or continued use of medication not prescribed by a physician for chronic or recurring diseases or symptom

Globally prevalence of self-medication was 27% to 99.4% in different global study.

OBJECTIVE: The aim of this study was to assess self- medication practice and associated factor among adult house hold members of Gubre sub-city, Gurage zone, South Ethiopia 2022.

METHOD AND MATERIALS:

A cross- sectional study was conducted to assess self- medication practice and associated factor among adult house hold member of Gubre sub-city from MAY 2-27, 2022. Systematic Random sampling technique was used to collect the data from 399 selected households by using a pre-tested questioner. The data were entering by using SPSS soft were version 22. The result is presented using tables, graphs, text and diagrams and logistic regression was used to show association.

RESULT: Two hundred forty three (61.05%) participants had faced disease in the last two weeks from those one hundred thirteen (46.5%) participants were self-oral medicating with over the study period. Being married (AOR=1.599 1.09-2.621, 95%CI: 1.09-2.621), being literate (AOR=1.672,95%CI: 1.032- 2.01), perceive self-medication as acceptable practice (AOR=1.652 95%CI: 1.32-1.887), peer influence (AOR=1.54 95%CI: 1.304-2.321), desatisfaction by earned money (AOR=1.453 95%CI: 1.321-1.832), and access to medical information (AOR=1.452 95%CI: 1.263-1.570) were significant association with self-medication.

CONCLUSION: Self-medication is a relatively frequent practice in Gubre sub-city. Previous experience, emergency, minor illness was main factor for self-medication.

KEY WORDS; Assessment,self-medication, associated factor, Ethiopia.

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ACRONYM/ ABBREVIATION

DACA= Drug administration and control authority

DRO = Drug Retail Outlet.

FMOH= Federal minster of health

MM = Modern Medicine.

OTC = Over the Counter Drugs.

SM = Self medication

SMP= Self-medication practice

SNNP= South nation nationality people

SPSS = statistical package of the social science

USA = United States of America

WHO = World Health Organization

WSMI=World Self Medication Industry

1 INTRODUCTION

1.1 Background

Self- medication involves the use of medicinal products by the consumer to treat self-recognized disorders or symptoms, or the intermittent or continued use of medication not prescribed by a physician for chronic or recurring diseases or symptom (1).

The type or extent of self-medication, and the reasons for it may vary from country to country. In developing countries, both modern drugs and traditional medicines are commonly used for self-medication (2).

Although some health care providers attach negative feedback to it, the world health organization (WHO) acknowledges the existence of availed role of self-medication (3).

The demand for health care continues to grow faster than the gross national products in many counties. This demand will increase over the fore seeable future. One possible way to alleviate the rise in the demand is to increase self-medication products for treatment of minor ailments, with consumers responsible self-medicating rather than visiting physicians (3).

The decision for self-medication may be influenced by different factors (cultural, economic, psychosocial, etc) that culminate in the utilization of various therapeutic approaches in searching for a relief. Self-medication is a commonly employed practice with an attempt to normalize the perceived illness (4).

It was also noted that prescription-only-medications could easily be obtained without prescriptions for self-medication in developing countries like Ethiopia (5). The use of such drugs without the knowledge of physicians can be less beneficial or even be dangerous for the patient. The efficacy and safety of most traditional medicines used in Ethiopia is not scientifically proven, and there is lack of precision in dosage by traditional healers (6).

However, the role of traditional medicines cannot be undermined provided that large proportion of the population relay on it. Thus, an extensive research work is required to ensure its safety and efficacy. Inappropriate and ineffective self-medication can also delay timely and appropriate treatment, which may end up in tragic consequences(3).

If the patient's diagnosis of their condition is incorrect, their consequential drug Selection may aggravate their condition, or even cause additional problems that may make subsequent medical intervention problematic. Whilst understanding the pharmaceutical properties of different medications is a critical basis for appropriate drug selection according to need, compliance with administration guidelines is often lacking. People may randomly prolong use, misuse OTC drugs, or combine treatment with other contraindicated drugs, leading to adverse interactions and reactions. Hoarding of drugs is also problematic(7). Unused medications are often kept well beyond their use-by dates, or stored without appropriate identification (such as mixed together in a container without the original packaging) which can contribute to potential misuse. Furthermore, 21% of drugs stored in family medical kits have often expired, and drug packaging insert was missing (18%)(7).

1.2 Statement of the problem

Globally prevalence of self-medication was 27% in Spain to 99.4% in Nigeria in different global study (8, 9).

Of the many symptoms an individual experiences, only a small proportion, with an estimate of 10-30%, are brought to the attention of physicians. This presumes that the majority of the symptoms are either tolerated or self-medicated (2).

The Number of people reported to self -medicate varies greatly depending on the country in which a study has been conducted and the study design for instance ,in the united states of America (USA) in period of 6 months, about 71% of men and 82% of women had self-medicated at least once (10).

Prevalence in the United Kingdom of Great Britain and Northern Ireland, 41.5% of people had used drugs without doctor's prescription (11). In Spain, 27% of people suffering from pain self-medicated (8).

The magnitude of self-medication varies in different studies of different countries. A study conducted in Iran, Jordan, Uganda and Khartoum Sudan shown that the magnitude of self-medication was 53.4%, 39.5%, 75.7% and 81.8% respectively (12). Study on self-medication practice conduct in Addis Ababa show that overall prevalence of self-medication in Ethiopia is about 50% (13).

Similarly, a community basedstudies conducted at Assendabo town, Jimma Zone, Southwestern Ethiopia, Kolladiba Town, North West Ethiopia, and Meket district, Northeast Ethiopia shown that magnitudes of self-medication practice were39.2%, 62.8% and 35.9% respectively (14).

Several factors have been associated with predisposal to self-medication. Patterns vary among different populations and are influenced by various factors, such as age, gender, expenditure, self-care orientation and socioeconomic (15). Also tells of educational level, socioeconomic status, access to medical information, awareness about health etc.

Accessibility to medicine and health care facilities, medical knowledge, satisfaction, and no seriousness of illnesses attitude are also predisposing factors (16). High illiteracy rate and poor exposure to medical information in most developing countries are some of the contributing factors to the high prevalence of self-medication (17).

But the most predisposing factor is previous exposure to the same illness.Improper self-medication use may lead to serious adverse drug reactions,overdose and even fatal consequences. Nowadays, there is a global concern about the emergenceof drug resistant pathogens which might have been highly augmented by self-medication.

Moreover, inappropriate self-medication results in drug dependencies, wastage of resources, and serious health hazards. Self-medication in southern Ethiopia is quite common but there is little information regards to the magnitude and associated factors. Therefore, aim of this study was to determine the magnitude and factors associated with self-medication practices among the various segments of the community to deliver appropriate health education, and to halt self-medication related public health problems.

1.3 Significance of the study

Knowing the magnitude of utilization and possible reason for high practice of self-medication among community at Gubre town will help policy makers, program designers and implementers to design a tailored intervention that focus on elimination and or reduction of obstacles to minimize non-prescribed drug use among community. Furthermore, governmental and non-governmental organization in collaboration with minister of health to be aware of the extent of self -medication among community and developing strategies for promoting awareness creation. Moreover, this study can serve as a motivation and base line data for future studies that are going to be conducted on this specific area.

2 LITERATURE REVIEW

2.1.1 Prevalence of self-medication practice

Self-medication is defined by many authors as the use of medicines by a patient on his own initiative or on the recommendation of a non-professional or a lay person instead of seeking advice from a health care provider (18, 19).

Across-sectional study conducted on six Latin America countries and 8597 self-medication users interviewed ; and the report indicates that, analgesics16.8% were the leading group of drugs followed by anti-rheumatic products5.9% and vitamins5.1% ,cardiovascular drugs5% ,Central nervous system drugs 2.4% also were reported (20).

A cross sectional study done in Jordanian population showed that 39.5% of participants had used antibiotics without a prescription with in a one month study period (21).

The prevalence of self-medication with antibiotics in African countries ranges from11.9% - 76% (22).

Descriptive cross sectional study was conducted on 307 health sciences students in Ayder campus of Mekele University from April to June 2011 indicated that the prevalence of self-medication 43.24%with most frequently reported symptom being headache 51.56% followed by cough and common cold 44.80% (23).

A cross-sectional study conducted in Adi-haqi, Ayder campus of Mekele university found in Mekele in April (2014). Of 407 study participants, 44.5% had self-medicated with antibiotics in their lifetime while 27.5% had practiced within the last three months (24).

According to community base cross-sectional study done in north western Ethiopia in three Towns with perceived illness 27.2% of respondents use self-medication, 13.8% of self-medicated persons used modern drugs obtained from pharmacy or drug shop. cough and cold (23.9%) was the most self-medicated illness followed by fever(9.5%) headache(8.5%) and gastric pain (8.3%) were also reported in the study (2).

2.1.2 Factor associated with self-medication

2.1.2.1 Socio-demographic factors

Several factors have been associated with predisposal to self-medication. Patterns vary among different populations and are influenced by various factors, such as age, gender, expenditure,

self-care orientation and socioeconomic. Also tells of educational level, socioeconomic status, access to medical information, awareness about health etc (15).

High illiteracy rate and poor exposure to medical information in most developing countries are some of the contributing factors to the high prevalence of self-medication in which Parents' awareness of self-medication and its associated side effects could also influence self-medication (16).

A study done on Colombian city show that young people self-medicate more frequently than older people and that this practice diminishes with age (25).

A study done on Somaliland in Borama Distric show that self-medication to be significantly associated with family income, education status (literate) and urban. This trend could be because people of higher socioeconomic status have the resources to access the information on drug use and to purchase the drugs (26).

A study done on Meket district, Northeast Ethiopia show that Unmarried were 2 times more likely to practice self-medication compared to married (27).

Age between 20-29 and being female have significant association with self-medication a study done on Tikur Anbessa Specialized Hospital, Addis Ababa, show that Study participants whose age group between 20-29 were about 9.1 times more likely to practice self-medication as compared to those aged 30-39 years. Those who are female were found to be 2.5 times more likely to practice self-medication as compared to males(28).

Study done on Kolladiba Town, North West Ethiopia showed that educational status and gender significantly influence the pattern of self-medication in this study (29).

2.1.2.2 Behavioral and social factors

Behavioral and Social Factors include Mild illness, Prior Experience, Emergency use, Peer influence, Stressful conditions, Awareness about health and Ignorance.

A study done on Colombia in Pereira show that self-medication was associated with storing drugs at home, recommending drugs to others and being in favor of self-medication (25).

A study done on Meket district, Northeast Ethiopia show that previous experience of SMP was nearly two times more likely experienced self-medication practice than their counter respondents. The odds ratio of self-medication practice among respondents who had peer/family pressure was almost 3 times more likely practice self-medication compared to those who had not peer pressure (27).

Study conducted in north western Ethiopia Among the reasons (factors) for self-medication in the, include low severity of the symptoms (2).

On similar study done on Tikur Anbessa Specialized Hospital, Addis Ababa, show that the major reason mentioned by the study participants who practice self-medication was mild illness and of the respondents mentioned other reasons like I do not trust the medical person's skill, I know the disease and because the pain was severe (28).

Reasons for self-diagnosis and self-medication in participants of a prospective study conducted in Addis Ababa, reported that 36.6% replied they believed the disease is not serious, 19.8% the illness required emergency care, 18.2% prior experience to the illness and/or drugs (3).

In another study conducted in Amhara region of Ethiopia on 17,780 people, from people claimed they were sick 5.6% the most important reasons for not visiting health institutions were they believed that the disease did not need treatment in health institutions 31.9% institutions were they believed that the disease did not need treatment in health institutions 31.9%. 27.2% responders bought drugs from drug vendors[30].

2.1.2.3 Health service factors

Health service factors include Ease of access less expensive, Saves time, Access to medical information, Accessibility to medicine and health care facilities, Medical knowledge, Satisfaction, Distance to the hospital and poor attitude of health workers.

Study done on Nigerian university undergraduate healthcare students on factors favoring self-medication particularly in developing countries are the health services need to be improved to the point where treatment becomes more accessible and the patient's waiting time is minimized. In other word, low socio-economic households could not afford the charges for patients' card and laboratory fee of health care facilities so that they stick to self-medication, which needs low medical expenses (31).

Study done on Asmara university undergraduate healthcare students drug outlets such as drug vendor and pharmacy were identified as the main source of modern drugs for practice of self-medication. Availability of drug at wrong place out of the hand of health professionals that are shops (kiosks), neighbors and relatives and left over drug from past prescription were also identified in this study undergraduate healthcare students Source of medications and information on drug dosage regimen for self‑medication practice (32).

Study done on Asmara university undergraduate healthcare students more than half (281; 59.4%) of the respondents' purchased their medications from the community pharmacy, followed by proprietary and patent medicine vendor(116; 24.5%), and friends/family (48;h 10.1%) (32).

A study done on mekete district show that Accessibility of pharmacy were nearly four times more likely experienced self-medication practice compared to those inaccessibility. Respondents who had medication at home were nearly 2 times more likely to practice self-medication compared to those who had not such access (27).

Reasons for self-diagnosis and self-medication in participants of a prospective study conducted in Addis Ababa, reported that 12.6% less expensiveness were mentioned (3).

Study done on Kolladiba Town, North West Ethiopia Low cost alternatives was pointed out as the major reasons for conducting self-medication (29).

On similar study conducted in north western Ethiopia, among the reasons (factors) for self-medication in the include remoteness of modern health care (4.3%) (2).

2.2 Conceptual framework

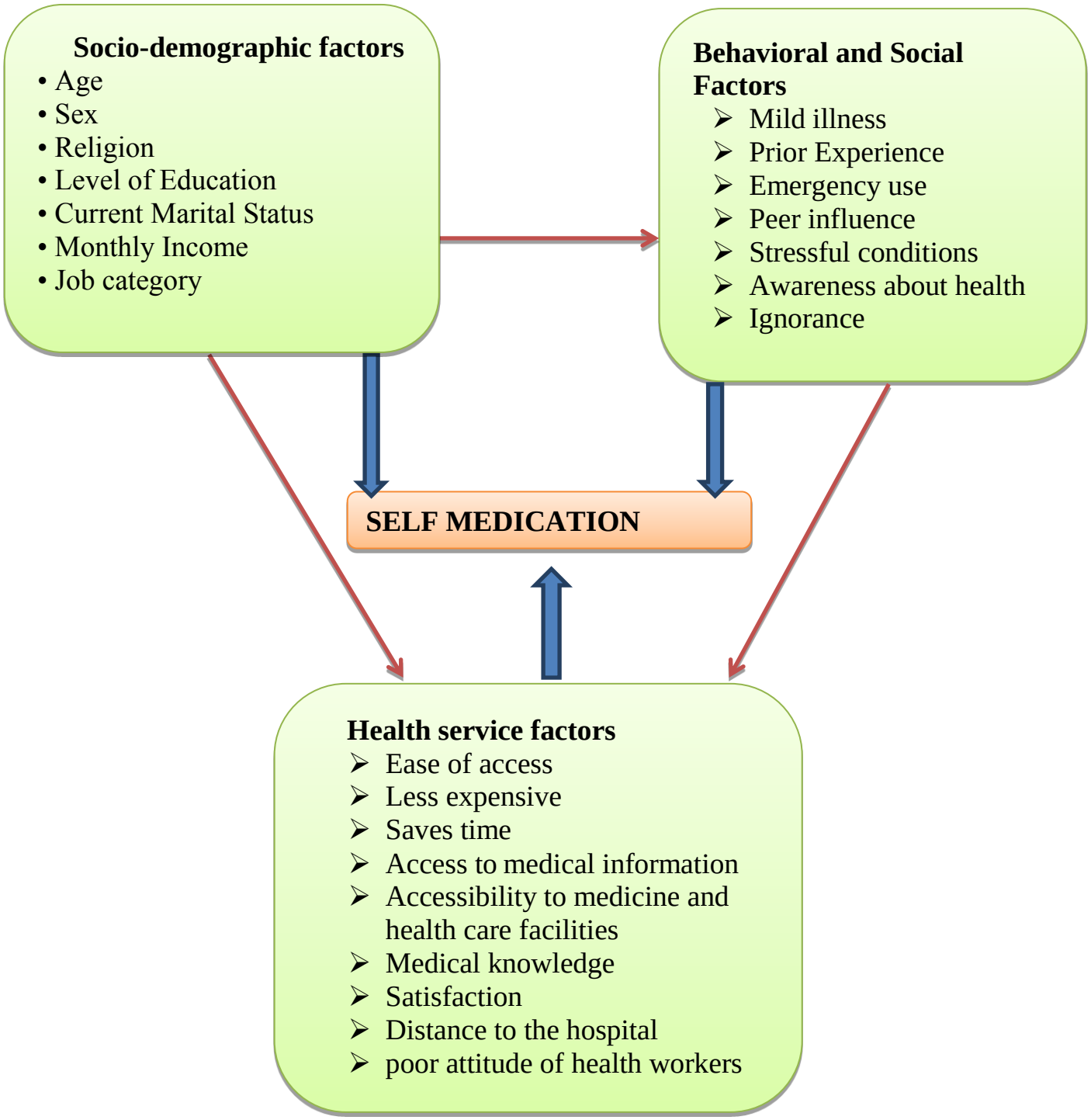


Figure 1 show conceptual framework.

3 OBJECTIVES

3.1 General objective

- To assess self-medication practice and associated factor among adult house hold members Gubre sub-city community, Gurage zone, Southern Ethiopia, 2022.

3.2 Specific objective

- To determine the prevalence of self - medication practice among adult house hold members of Gubre sub-city.
- To identify factors affecting for self- medication practice among adult house hold members of Gubre sub-city.

4 METHODS AND MATERIALS

4.1 Study area and study period

4.1.1 Study area

The study was conducted at Gubre sub-city in the Southern Nations Nationalities and Peoples Region (SNNPR), Gurage zone, positioned at 178 km southwest of Addis Ababa and 20 km east of Wolkite town. Gubre is bordered on the south, west and east both by Cheha woreda and on the north by the Wabe River which separates it from Abeshge and Kebena Woreda. According to Gubre sub-city health office (2017) the total population of the town was 5113 of which 2662 were male and the rest 2451 were female.

4.1.2 Study period

The study was conducted from MAY 2-27, 2022.

4.2 Studydesign:

The study was on community based cross-sectional using semi- structured questionnaire.

4.3 Population

4.3.1 source population

The households of Gubre sub-city.

4.3.2 Study population

Individuals, who fulfill inclusioncriteria

4.3.3 Study unit

Each selected individual from households.

4.4 Inclusion and exclusion criteria

4.4.1 Inclusioncriteria

Age greater than or equal to 18 years old during the study and available during data collection and those who resident in the town at least 6 months.

4.4.2 Exclusion criteria

New comers within 6 month in the study period and non-volunteer.

4.5 Sample size and sample size determination

4.5.1 Sample size

The minimum sample size was determine from assumption of the total households of the town by the single population formula.

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{d^2}$$

Where

n = minimum sample size

p= estimate of the prevalent of self-medication, since

To estimate p=0.45 is used (Ayder) (24).

$Z_{\alpha/2}$ = The standard normal variable at (1.96)

Confidence level and α is mostly 5% (i.e. with 95% Confidence level)

d = tolerated error 0.05(5%)

n= $(1.96)^2$ 0.45(1-0.45)/ $(0.05)^2$

n = 380

Then adding 5% for non-response rate

380+380(5%) =399 is the final sample size.

4.6 Sampling techniques

The sample size of 399 selected out of 1,080 households by systematic random sampling, that is every 3rd (every 1,080/399th) or other member of the households aged 18 and above was interviewed.

4.7 Study variables

4.7.1 Dependent variables

Self-medication practice

4.7.2 Independent variables

- Age
- Sex
- Marital status
- Religion
- Ethnicity
- Educational status
- Occupational status
- Income per month per household
- Thinking about self-medication
- Peer influence
- Satisfaction by provided services
- Access to health institution
- Satisfaction by earned money
- Expedition of provided service
- Access to medical information
- Satisfaction by health institution

4.8 Operational definition

Drug Retailed Outlet: -Community pharmacist whom sells drugs whomever the prescribers (33).

Over the counter drugs: - Drugs that are purchased by community pharmacists without prescription (33).

Self-oral medication practice: - Use of drug/s by the study participant without consulting qualified health practitioner (34).

4.9 Data collection tool and data collectors

A semi- structured questionnaire was used to collect the necessary information. The questionary was prepare first in English and translated to Amharic. The data was collected by 4th year HO students & will be supervised by supervisor.

4.10 Data quality control and management

Pre testing of the questionnaires was conducted about 5% of the total sample (20) was collected. The test was performed on households of wolkite town, the completeness and consistency of data was check daily by principal investigator. In complete questionary was return to data collector to retell by revisiting households.

4.11 Data analysis procedure

The data was compiled, analyzed and presented with tables, and analysis was done using SPSS version 22 software, Descriptive analysis was take place Binary logistic regression was used to assess the association between outcome and explanatory variables. Odds ratio and p-value at <0.05 were used to see the association and strength between the explanatory & outcome variable.

4.12 Ethical consideration

Ethical clearance was obtained from Wolkite University, college of medicine and health science department of nursing before data collection. Verbal consent from the respondents was obtained and they were convince on confidentiality of the information that they give.

4.13 Plans for dissemination

The research findings were presented to Wolkite University, College of medicine and Health Science. The result of the study was also be communicated to zone drug distribution and control authority and submit to the Gubre town administration health office.

5 RESULT

From 399, 398 of respondents was participated which gives response rate of 99.75%. From 398 selected households individuals 281 (70.6%) were females. Regarding the age of the respondents 118(29.6%) 38- 44years. Two hundred seventy (67.8%) of them were married. Around half of the respondents religion were Orthodox 198(49.7%) and 77(19.3%) of them were illiterate, 122(30.7%) of the respondents educational status were from grade 9 upto12. Most of them are merchant 126(31.7%) and the average monthly income of 226(56.8%) were between 1500-5000 Ethiopian birr and majority of the respondents were Gurage 343(86.2%).(see table 1)

Table 1 Socio-demographic characteristics of respondents, Gubre sub-city, in May 2022.

Socio-demographic characteristics		Frequency	Percentage
Sex	Male	117	29.4
	Female	281	70.6
Age	18-27	96	24.1
	28-37	106	26.6
	38-47	118	29.6
	48-57	41	10.3
	58-67	32	8.0
	≥67	5	1.3
Marital status	Single	91	22.9
	Married	270	67.8
	Widowed	31	7.8
	Divorce	6	1.5
Religion	Orthodox	198	49.7
	Muslim	154	38.7
	Protestant	36	9.0
	Catholic	10	2.5
Educational status	Illiterate	77	19.3
	Read and write	74	18.6
	Elementary (1-8)	74	18.6

	Secondary (9-12)	122	30.7
	Higher (12+)	51	12.8
Occupation	Merchant	126	31.7
	Housewife	87	21.9
	Government employee	75	18.8
	Student	47	11.8
	Private employee	37	9.3
	Daily laborer	26	6.5
Ethnicity	Gurage	343	86.2
	Oromo	16	4.0
	Amhara	15	3.8
	Tigre	4	1.0
	Others	20	5.0
Income per month	<1500	162	40.7
	1500-5000	226	56.8
	>5000	10	2.2

Frequency of symptoms

From 398 respondents 243 households reported illness within 2 weeks prior the study period. From the reported symptoms headache 62(25.5%) was the leading followed by common cold 39 (16.0%). There were also other 23(9.5%) symptoms like eye disease, trauma, seizure reported. (See table2)

Table 2frequency of symptoms reported by the respondents within two weeks prior the study period in Gubre sub-city, May 2022.

Illness/symptom	Frequency	%
Common cold	39	16.0
Fever	35	14.4
Headache	62	25.5
Gastric pain	14	5.8

Abdominal pain	34	14.0
Diarrhea and vomiting	24	9.9
Tonsillitis	8	3.3
Urinary tract infection	4	1.6
Other	23	9.5
Total (N=243)	243	100

measurement taken by respondents

From 243 respondents who had illness history in their households within two weeks prior the study period 113(46.5%) practice self-medication and 110 of them (42.3%) visit health institution.(see table3)

Table 3measurement taken by respondents to the reported symptoms in Gubre sub-city, May 2022**.**

Measurement	Frequency	%
Self-medication	113	46.5
Visiting health institution	110	45.3
No action	13	5.3
Traditional(herbal) and Holly water	7	2.9
Total	243	100

Category of medical agents

From 113 households who practice self-medication 43(38%) of them use Analgesic/antipyretics as self-medication agent. (See table 4)

Table 4category of medical agents used for self-medication in Gubre sub-city, May 2022.

Category	Frequency	%
Analgesic/antipyretic	43	38.0
Antimicrobial	26	23.0
Antiacid	8	7.1
Antihelments	27	23.9
Others	9	8.0

Total	113	100

Reasons for preferring self-medication

From the 113 households who practice self-medication 46(40.7%) of them report previous experience with similar ailments followed by Emergency 30(26.5%) and minor illness 29(25.7%) as the major reasons to take the action. (See table 5)

Table 5: Reasons for preferring self-medicationamong respondents in Gubre sub-city, May 2022.

Reason	**Frequency**	**%**
Emergency	30	26.5
The illness was minor	29	25.7
Peer influence	7	6.2
Previous experience with similar ailments	46	40.7
Ignorance	1	0.9
Total	113	100

Source of medication supply

From 113 households who practice self-medication, 96(85%) of them used pharmacy as major source of medication (see table6)

Table 6:source of medication supply in Gubre sub-city, May 2022.

Source of supply	No of users	%
Pharmacy	96	85.0
Household	7	6.1
Shop(kiosk)	4	3.54
Relatives and friends	6	5.36
Total	113	100

Information about the dosage

From 113 house hold who practices self-medication 54(47.8%)of them were know about the dosage from their previous experience and 27(23.9%) were checked by package insert (see table 7).

Table 7: information about the dosage in Gubre sub-city, May 2022.

information about the dosage	No of users	%
By checking package insertion	27	23.9
By consulting family members and friends	24	21.2
From newspaper, magazine, books or TV program	1	0.9
previous experience	54	47.8
By guessing the does by my self	7	6.2
Total	113	100

Outcome of self-medication practice

From 113 house hold who practices self-medication 57(50.4%) of them reported the practices worsen their health condition, and 15(13.3%) of them reported no change after self-medication.(see bar chart 1)

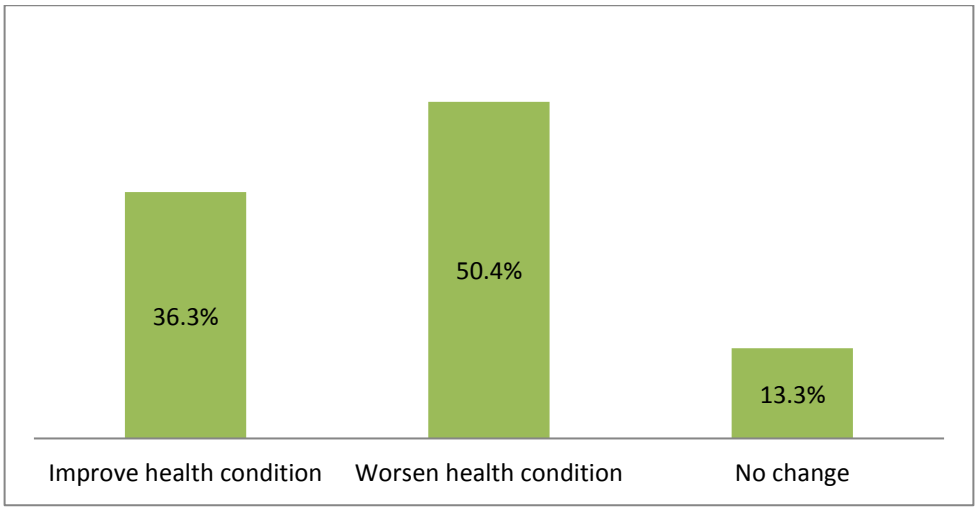


Figure 2 outcome of self-medication practice among participants in Gubre sub-city, May 2022.

Plan of self-medication

From 113 respondents who practices self-medication 98(86.7%) of them plan to look for modern health care.(see pie chart)

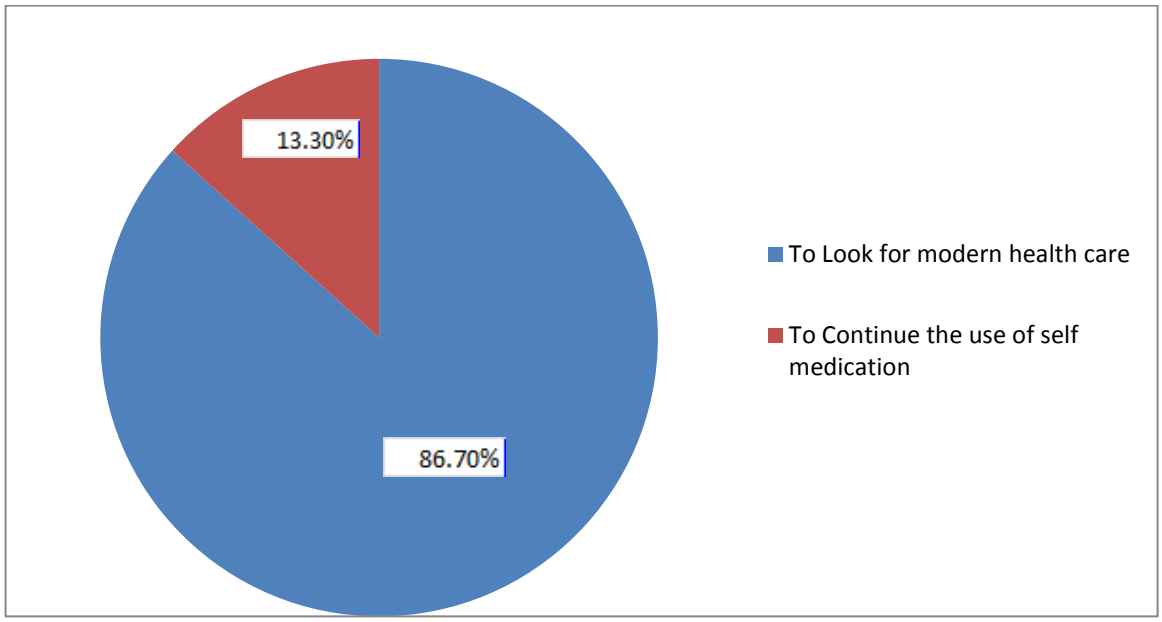


Figure 3 Pie chart showing plan of self-medication users for the next illness/symptoms in Gubre sub-city, May,2022.

Almost all selected households had access to health care facilities in their locality but of the respondents 265(66.6%) of them reported that they get health service at expensive cost and about 217(54.5%) of respondents reported that the service they provided is too slow.
Of the respondents 276(69.3%) of respondent have no adequate medical information.
About 270 (67.8%) respondent is not satisfied by provided service.

Factor associated with self-medications respondents

On Bivariate analysis marital status, educational status, occupation, thinking about self-medication, peer influence, satisfaction by earned money, access to medical information, satisfaction by provided service were found to be significant. These factors were entered into multivariable logistic regression for further analysis in order to control confounding effects. However, significant association was observed between self-medication and study variables like marital status, educational status, thinking about self-medication, peer influence, satisfaction by earned money, and access to medical information.

Table 8Final bivariate model and final multivariable model of risk factors for self-medication in Gubre sub-city, May 2022.

Factor	Self-medication		Crude OR (95% CI)	Sig.	Adjusted OR (95% CI)
	Yes	No			
Marital status					
Single	27	64	1		1
Married	**70**	**199**	**1.199 (2.097-2.996)**	**0.021**	**1.599 (1.09-2.621)**
Divorced	2	5	1.054(0.844-4.514)	0.421	1.012(0.222-1.185)
Widowed	**14**	**17**	**0.512 (2.345-2.821)**	**0.001**	**1.055 (1.001-1.922)**
Educational status					
Illiterate	20	58	1		1
Read and write	26	48	0.636 (0.542-2.901)	0.201	1.10 (0.762- 1.97)
Elementary(1-8)	30	46	0.528 (0.267-4.474)	0.115	1.33 (0.75-3.21)
Secondary(9-12)	26	93	1.017 (0.458-2.254)	0.543	1.87 (0.34-1.67)
Higher (12+)	**11**	**40**	**1.253 (1.55-2.47)**	0.023	**1.672 (1.032- 2.01)**
Occupation					
Merchant	25	101	1		1
Daily labor	10	16	0.396 (0.253-2.585)	0.89	0.92 9 (0.12-2.02)
Private employee	7	30	1.060 (1.006-1.136)	0.561	1.34 (0.812-2.21)
Government employee	17	58	0.844 (0.760-2.924	0.760	1.23 (0.82-2.34)
Student	10	37	0.915 (0.675-2.555)	0.431	1.532 (0.942-2.143)
Housewife	44	42	0.236 (0.141-0.99)	0.432	0.65 (0.23-1.14)
Income					
<1500	46	116	0.280 (0.040-0.97)	0.078	0.56 (0.33-1.760)
1500-5000	66	160	0.269(0.161- 0.889)	0.065	0.431 (0.321-0.903)
>5000	1	9	1		1
Thinking about self-medication					
Good practice	60	84	0.482 (0.231-2.343)	0.65	0.56 (0,331-2.543)
Acceptable practice	**33**	**143**	**1.494 (1.12-1.782)**	0.015	**1.652 (1.32-1.887)**

Not acceptable practice	20	58	1		1
Peer influence for self-medication					
Yes	**70**	**190**	**1.228 (1.017-1.725)**	0.023	**1.54 (1.304-2.321)**
No	43	95	1		1
Accessibility to health institution					
It's close to us	86	228	1		1
It's far from us	27	57	0.796 (0.614-1.34)	0.789	0.673 (0.521-1.212)
Satisfaction by earned money					
Yes	43	90	1		1
No	**70**	**195**	**1.3309 (1.212-1.498)**	0.001	**1.453 (1.321-1.832)**
Expeditious of provided service					
Its quick	4	77	14.71 (8.534-18.534)	0.560	9.763 (4.534-13.243)
It's too slow	94	123	1		1
Its fair	15	85	4.33 (0.92-9.75)	0.391	2.345 (0.654-5.536)
Access to medical information		`			
Yes	37	85	1		1
No	**76**	**200**	**1.145 (1.005-1.287)**	0.023	**1.452 (1.263-1.570)**
Satisfaction by health institution					
Yes	15	113	4.292 (1.879-5.324)	0.921	3.245 (0.934-6.495)
No	98	172	1		1

6 DISCUSSION

This study aimed to asses prevalence and factors regarding self-medication in Gubre sub-city. The study further assessed self-reported use of non-prescribed self-oral medication, as well as sources for obtaining self-oral medication, reasons for self-oral medication, and type of medication consumed. The study also assessed common types of illnesses, frequently used medication and determinants of self-medication

In our study showed that prevalence of self-medication was 46.5% (CI=44.4%-50.2%) this rate was almost similar to the previous study conducted in Khartoum state, Sudan, on self-medication showed that (48%), but in other study was conducted in Mekele which has a higher prevalence with study conducted in Ayder campus that had 43.24%, because this study was conducted based on descriptive and health science students. The prevalence of self-medication practice in our study was greater than that of the study in Jimma town 27.6% this discrepancy may be due to study area which was conducted in rural, this difference could be attributed to accessibility of medical information in towns like Jimma were higher than rural areas. (35-37)

The commonest illnesses that led to self-medication in this study (headache, common cold and fever) were also reported, similarly in north western Ethiopia, Ayder campus of Mekele University. Half of the ill people who had headache and abdominal pain sought medical help. This probably shows that headache and abdominal pain is taken as an important signal that made patients visit health facility. Thus, the type of illness was a contributing factor to the patient's manner of response towards their illness (36-38)

In this study one of the commonest reasons for the practice of self-medication was previous experience with similar ailments, emergency care and illness was miner, this rate was almost similar to the previous in Ayder campus of Mekele university, but in other study was conducted in Jima the reason was low cost.(36, 37, 39) Analgesic(paracetamol), antihelments and antimicrobial were the most commonly used class of drug, this is because of that common cold& headache is the most frequent symptom reported by respondents and they select paracetamol from the over the counter of drug(OTC), this rate was almost similar to the previous in six Latin America countries and in Mekele ayder campus.(36, 40) The major source of drug in our study was over the counter of drug and left over drug in the

house, this rate was almost similar to the North West Ethiopia, Amhara and Jimma (37-38) Among the total respondents plan to continue the use of self-medication 13.3% and look for modern health care 86.7%.

The relationship between different factors and the rate of self-medication

Self-medication practice have relation with the demographic, behavioral and social and health service characteristics of the participants, our study results showed that the rate of self-medication practice was significantly associated with marital status, educational status, thinking about self-medication, peer influence, satisfaction by earned money, and access to medical information .

Marital status was found significantly associated with self-medication. Respondents who were married were about **1.599**times more likely to self-medication as compared respondents who were single (AOR=1.599 95%CI: 1.09-2.621),Respondents who were widowed were about **1.055** times more likely to self-medication as compared to respondents who were single (AOR=1.055,95%CI:1.001-1.922) and educational status was found significant association with self-medication. Being literate were **1.67** times more likely exposed to self-medication than those who were illiterate (AOR=1.672,95%CI: 1.032- 2.01) this result is similar with study done on Somaliland in Borama Distric show that self-medication to be significantly associated with education status (literate)

This trend could be because people of socioeconomic status have the resources to access the information on drug use and to purchase the drugs from pharmacy.

Similarly study conducted in Nigeria also showed that there was association between self-medication practices with education status (literate). [20]

Thinking about self-medication was found significantly associated with self-medication. Respondents who were think self-medication as acceptable practice were about **1.652**times more likely to self-medication as compared respondents who were think self-medication as not acceptable (AOR=1.652 95%CI: 1.32-1.887).

The reason might be the fact that they think self-medication have no negative consequence on individual's health.

Peer influence self-medication was found significantly associated with self-medication. Respondents who had peer influence were about **1.54**times more likely to self-medication as

compared respondents who had no peer influence (AOR=1.54 95%CI: 1.304-2.321).this result supported by study done on Meket district, Northeast Ethiopia (27). This result This was might be due to the fact that believe abut one self and compliance to what is considered normal with in the friends would be potent mediator of risk factor in self-medication practice.

Satisfaction by earned money was found significantly associated with self-medication. Respondents who were not satisfied with earned money were about **1.453**times more likely to self-medication as compared respondents who were satisfied with earned money (AOR=1.453 95%CI: 1.321-1.832).this result were supported by Study done on Kolladiba Town, North West Ethiopia.(29).This was might be due to the fact that low socioeconomic status of population

Access to medical information was found significantly associated with self-medication. Respondents who had no access to medical information were about **1.452**times more likely to self-medication as compared respondents who had access to medical information (AOR=1.452 95%CI: 1.263-1.570). This was supported by other study (16).

This was might be due to the fact that lack of adequate knowledge about adverse reaction and side effect of self-medication was factor to increase prevalence.

7 CONCLUSION AND RECOMMENDATION

7.1 Conclusion

In conclusion, a significant number of people use self-medication. The major reason for self-medication was previous experience. Over the counter drug (OTC) was the major sources of drugs that are used for self-medication. Analgesics were the most selected medical agents used for self-medication.

The majority of self-oral medication user planned to look for modern health care and they justify treating similar ailment as a major reason for hoarding modern drugs..

7.2 Recommendation

Much has to be done in educating the public on the type of illnesses that can be self-diagnosed and self-treated, the type of drugs to be used for Self-medication, the proper use of antimicrobials and the dangers of sharing and using left over drugs by Gubra sub-city health center in collaboration with Wolkite mass media and distributing poster.

Drugs shops shall give due emphasis to their customers during dispensing of drugs like sailing medications with prescriptions except over the counter drugs.

Drug Administration and Control Authority (DACA) needs to effectively implement laws on drug handling and dispensing so as to take necessary measures on illegal providers of drugs.

The Federal Ministry of Health (FMOH), DACA& the Regional Health Bureau shall work on creating awareness to the people regarding the advantage and disadvantage of self-medication practice through leaflet, mass media & health education.

Implication for nursing nurses paly vital role in health promotion including clients to develop responsible, informed self-medication and self-care so health education is an important tool that should be employed by all nurses.

7.3 Limitation of the study

- The study design was cross section study that looks only self-medication practice with in 2weeks illness.
- As we used cross sectional study it does not show cause- effect relationship.

7.4 Strength of the study

- Our sample selection was systemic random sampling so easier and less time consuming to perform, and all sample have a known non zero chance of being selected.

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ANNEX I: (English Version Questionnaire)

School of nursing, college of medical and health science, wolkite university student research program, assessment of self-medication practice in Gubre town, Gurage zone, south Ethiopia.

Introduction

My name is …….. I am Bsc nursing student at Bsc nursing program of Wolkite University. I am interested to do my research on assessment of prevalence of self-medication in Gubre town. I kindly request you to give response for the following questioners honestly. The result of this study will be recommended to concerned bodies so your answer will have a great impact on the result. No need to write your name or signature and confidentiality is preserved. The questioner will take 15'. Thank you for your time and cooperation. Are you agreeing to participate in the study?

Yes_____ No_____

PART- I Socio-demographic facts

Instruction 1- please encircles the letters, if an alternative is given, or write the respondents answer on the space provided.

1. Respondent's Age _____ Sex_____
2. Marital status A. single B. Married C. Divorce D. Separated E. Widowed
3. Religion _____
4. Educational status A. illiterate B. read and write only C. primary school(1-8) D. secondary school (9-12) E. higher level (12+)
5. Ethnicity _____
6. Occupational status _____
7. Income per month (in Birr or in kind) _____

Part II: Questions regarding self-medication practice

Instruction: 2-please encircle the letter, if an alternative is given, or write the respondents answer on the space provided.

1. Was there any health problem in your house in the last two weeks?

   Yes ☐ No☐

2. What was the immediate action you took when you got sick?
    a) I consulted a doctor
    b) I self-medicated myself
    c) I ignored it
    d) Other, (specify) ----------
3. For which of the following complaint(s) did you self-medicate yourself? (**If you self-medicated**)
    a) Respiratory Tract Infection (E.g. cough, cold, etc.) Yes □ No □
    b) Headache/Fever Yes □ No □
    c) Gastrointestinal symptoms (e.g Diarrhea, constipation, etc.) Yes □ No □
    d) Eye disease Yes □ No □
    e) Skin disease/Injury Yes □ No □
    f) Others, Specify---------- -
4. What type of medications you used for self-medication? **(Multiple responses are possible)**
    a) Pain-killers
    b) Antibiotics
    c) Cough syrup
    d) Antacid
    e) Vitamins
    f) Traditional medicine
    g) Other, (specify)----------

Part III: Questions regarding behavioral and social factors

5. What do you think about self-medication for self-health care?
    a. Good practice
    b. Acceptable practice
    c. Not acceptable practice
6. What were the reasons for preferring self-medication?
    a. The illness was minor
    b. Emergency
    c. Peer influence
    d. Ignorance
    e. Previous experience with similar ailments
    f. Others (specify)_____

7. Do you buy medicine from advice of relatives, neighbors, friends or others?
    a. Yes
    b. No
8. Did you ever check the instructions come with the package insert of medication?
    a. Yes
    b. Never
9. How much did you understand the instructions?
    a. Fully understood
    b. Partly understood (percentage:)
    c. Did not understand at all
10. How did you know the dosage of medication? *(check more than one if applicable)*
    a. By checking the package insert
    b. By consulting family members/friends
    c. From the newspapers, magazines, books, or TV programs
    d. From the Internet
    e. From my previous experience
    f. By guessing the dosage by myself
11. Do you think self-medication practice has negative consequences? (**If No, stop here**)
    a. Yes
    b. No
12. If yes, what are the negative consequences? **(Multiple responses are possible)**
    a. Worsening of the disease condition
    b. Adverse drug reactions
    c. Others, (specify)----------
13. Your plan for future about the same perceived illness /symptom?
    a. Continue self-medication b. Look for modern health care
    b. c. Other (specify) _____

Part IV: Questions regarding Health service factors

14. Do you have Accessibility to health care facilities in your locality?
    a. Yes
    b. No

15. If yes how far do you get health care institution (hospital or health center)?
    a. it's close to us
    b. it's far from us
16. Are you satisfied with amounts of money do you earn for the service?
    a. it's very expensive
    b. it's fair
    c. it's less expensive
17. How fast do you get health service?
    a. It's quick
    b. It's too slow
    c. It's fair
18. Do you get adequate information about medical information?
    a. Yes
    b. no
19. If self-medicated, what was the source of medication supply?
    a. Pharmacy d Relatives and friends
    b. Household e Others, (specify)----------
    c. Shops(Kiosk)
20. If yes, are you satisfy by provided service?
    a. Yes
    b. No
21. If no what is the reason?
    a. It's expensive service
    b. Its waste our time
    c. poor attitude of health workers
    d. Others, (specify)----------

Thank you for your participation!

Name of Interviewer……signature…….

Annex II - **አማርኛ መጠይቅ**

የመረጃና የስምምነት ቅጽ

የወልቂጤ ዩኒቨርሲቲ

የነርሲንግ ትምህርት ክፍል

ጤና ይስጥልኝ

እኔ_____**እባላለሁ፡፡ከዚህ የመጣሁት ይህንን ጥናት የሚያካሂደው የነርሲንግ ትምህርት ዲግሪ መርሀ ግብር ተከታታይ የመጨረሻ አመት ተመራቂ ተማሪዎች ቡድን አባል ሁኝ ነው የመመሪቂያ ፁህፋችን እየሰራን ነው ፡፡ በ ጉብሬ ከተማ ነዋሪዎች ከ18 ዓመት በላይ አዋቂዎች በተለመዶ እርስ በራስ የማከም ወይም መዳኒቶችን ያለ ጤና ባለሙያ ትዕዛዝ የመውሰድና የሚያስከትለውን ችግር ለማጥናት የተዘጋጀ መጠይቅ ነው፡፡ ከዚህ ጥናት ውጤት የሚገኘው መረጃ ለወደፊቱ የተለመደው እርስ በራስ የማከምና የሚያስከትለው ችግር እውቀትና አመለካከት ለማሻሻል የሚረዱ ግንዛቤዎችን ለመፍጠር ይረዳል፡፡**

ከእኛ ጋር ሊወያዩባቸው ባለፈለጉባቸው ዙሪያ ውይይቱን እንዲቀጥሉ አይገደዱም፡፡ በቃል ምልልሱ ሂደት ላለመሳተፍ በማንኛውም ጊዜ ሊወስኑ ማቋረጥ የፈለጉበትን ምክንያት እንዲገልፁ አይገደዱም፡፡

በጥናቱ ላይ ለመሳተፍ ፍቃደኛ በመሆነዎ የሚያገኙት የተለየ ጥቅም የለም፡፡

ባለመሳተፍዎም ወይም አቋርጠው በመውጣተዎ ያገኙት የሚገባዎትን የጤና አገልግሎት አያጡም፡፡

የተሰጠዎትን ማብራርያ ሳትረዱና ለመሳተፍ ፍቃደኛ ከሆኑ ቃለ ምልልሱን ለማካሄድ ከ10-15 ደቂቃ አብረን እነቆያለን፡፡ ለዚህ ጥናት መሣካት እርስዎ የሚሰጡት መረጃ ጉልህ አስታአፅኦዎ አለው፡፡

ለመሣተፍ ፍቃደኛ ነዎ

አዎ ☐ **አይደለም** ☐

በመጀመሪያ በቀረበልዎ ጥያቄ መልስ ለመስጠት ፍቀደኛ በመሆነዎ ከልብ እናመሰግናለን፡፡

ክፍል 1 ማህበራዊ ሁኔታ

መመሪያ ፩ ከሚከተሉት ምርጫ ዎች መካከል መልሶት የሆነውን ያክብቡ፣ ወይንም በክፍት ቦታ መልሶትን ያስቀምጡ።

1. የመልስሰጪ እድሜ---------- ፆታ.....
2. የጋብቻሁኔታህ/ ያገባለ/ ያላገባ(ች) ሐ/ የፈታ(ች) መ/ የሞተበት(ባት)
3. ሀይማኖትህ/ ኦርቶዶክስለ/ እስላምሐ/ ፕሮቴስታንትመ/ ካቶሊክ
   ሠ / ሌላ-----
4. የት/ደርጃ---- ሀ/ ያልተማር መ/ ሁለተኛ ደርጃ (9-12)
   ለ/ የሚያነብና የሚጽፍ ብቻ ሠ/ ከፍተኛ ትምህርት
   ሐ/ የመጀመሪያ ደርጃ (1-8)
5. ብዜር ----------
6. የስራሁኔታ ----------
7. ወራሃዊገቢ (ብር) ----------

ክፍል II በራስ መዳኒት መውሰድ የተመለከቱ ጥያቄዎች

መመሪያ ፪ ከሚከተሉት ምርጫዎች መካከል መልሶት የሆነውን ያክብቡ፣ ወይንም በክፍት ቦታ መልሶትን ያስቀምጡ።

1. በሁለትሳምንታትውስጥበጤናዙሪያችግርተከስቶያውቃልን ?
   ሀ/አዎ ለ/ የለም
2. በታመመብትወቅትበአፋጣኝየወሰዱትእርምጃምንነበር
   ሀ/ ሀኪም አማከርኩኝ
   ለ/ በራሴ መድሀኒት ወሰድኩኝ
   ሐ/ ምንም እርምጃ አልወሰድኩም
   መ/ ሌላካለይጠቀስ
3. ለየትኛውየበሽታምልክትነውበራሶመድሀኒትየወሰዱትበራሶመድሀኒትወስደውከሆነ
   ሀ/ ከአተነፋፈስ ጋር የተያያዙ ችግሮች ምሳል ሳል ብርድ አው አደለም
   ለ/ እራሰመታተ ትኩሳተ
   ሐ/ የሆድህመም ምሳል ተክማት የሆድ ድርክት
   መ/ የአይን በስታ
   ሠ/ የ ኮዳ በስህታ

ረ/ ሌላካለይጠቀስ

4. የምትጠቀሙትየመድሃኒትአይነትየምንድንነው?ከአንድበላይመምረትይቻላል

ሀ/ ማስታገሻ ሠ/ ቫይታሚን

ለ/ ፀረባክቴሪያ ረ/ ባህላዊ መዳኒት

ሐ/ የሳል ስሮፕ ሰ/ ሌላ ካለ ይጠቀስ

መ/ የጨጉራ

ክፍል ስለባህሪእናማህበራዊጉዳይየሚመለከቱጥያቄዎች

መመሪያ ፪ ከሚከተሉት ምርጫዎች መካከል መልሶት የሆነውን ያክብቡ::

5. የራስንጤናከመበቅአንጻርበራስመድኃኒትስለመዉሰድምንያስባሉ?

ሀ/ ጥሩ ተግባር ነዉ

ለ/ ተቀባይነት ያለው ተግባር ነው

ሐ/ ተባይነት የሌለዉ ተግባር ነዉ

6. በራሶመድኃኒትመዉሰዶንእንድመርጡያረጎትምክንያትምንድነዉ?

ሀ/ .የህመሙ ስሜት ዝቅተኛ መሆን

ለ/ አፋጣኝ እርምጃ የምያስፈልገው ህመም መሆን

ሐ / የአቻ ግፍት

መ / ከዝይ በፍት በተመሳሳይ ህመም መጠቃት

7. መድኃንትየምገዙትበቅርብሰዎች፣በጎረቤት፣በጉዋደኛ፣ወይንምበሌላሰዉምክርነው?

ሀ/ አዎ ለ/አደለም

8. በመድኃንቱሽፋንላይያለዉንመመሪያየማንበብልምድአለዎት?

ሀ/ አዎ ለ/አደለም

9. መመርያዉንምንያህልይረዱታል

ሀ/ ሙሉ በሙሉ

ለ/ በከፍሉ

ሐ/ ምንም አልረዳም

10.በምንአይነትመንገድነዉመዉሰድያለቦትንየመድኃኒቱመጠንየምያቁት?

ሀ/ የመድሃንቱን ሽፋን በማየት

ለ/ ጉዋደግች ና በተሰቦችን በማማከር

ሐ/ ከጋዘታ መትት መትፍ ና ተለቭትን

መ/ ከዝህ በፍት በምወስደዉ ተመሳሳይ

ሠ/ በ ግምት

11.በራስመድኃንት·መዉሰድአሉ·ታዊተጽኖያሳድራልብለዉያምናሉአደለምካሉእዝጋያቁመ·

?

ሀ/ አዎ ለ/ አደለም

12.አዎከሆነምንአይነት·አሉ·ታዊተጽኖ ያሳድራል

ሀ/ ህመሙን ያባብሳል

ለ/ ከለላ መዲሃንት· ጋር ይጋጫል

ሐ/ ሌላካለይጠቀስ

13.እርሶወደፊት·የዚህአይነት·የጤናእክልቢያጋጥሞ) ምንታደርጋሉ?

ሀ/ በራሴ መድሃኒት· ገዝቸ መጠቀም እቀጥላለዉ

ለ/ ዘመናዊ የጤና እንክብካቤ አገኛለው

ሐ/ ሌላ ካለ ይጥቀሱ

የጤና አገልግሎቶችን በተመለከተ ጥያቄ

መመሪያ ፪ ከሚከተሉት ምርጫዎች መካከል መልሶት የሆነውን ያክብቡ

14.በአቅራቢያዎየጤናተቁዋምአለ?

ሀ/ አዎ ለ/ አደለም

15.አዎ ከሆነ የጤናተቁዋም በምን ያክል እርቀት· ያገኛሉ?

ሀ/ በቅርበት· እናገኛለን

ለ/ እርቀት· አለው

16.ለህክምና የመታወጡት· ገንዘብ ተመጣጣኝ ነው ብላቹ ታስባላቹ?

ሀ/ እጅግ በጣም ውድ ነው

ለ/ ተመጣጣኝ ነው

ሐ/ እርካሽ ነው

17.አገልግሎቱን በምን ያክል ፍጥነት· ያገኙታል?

ሀ/ ፈጣን አገልግሎት· ነው

ለ/ በጣም የዘገየ አገልግሎት· ነው

ሐ/ በመጠኑ ነው

18.በቂ የህክምና መረጃ ያገኛሉ?

ሀ/ አዎ ለ/ አደለም

19.በራሶመድሃኒትየምወስዱከሆነ፣መዲኃንቱንየምያገኙበትቦታየትነዉ?

ሀ/ ከፋርማስይ መ/ ከዘመድ ጉዋደኛ

ለ/ ከቤቱ ሠ/ ሌላካለይጠቀስ

ሐ/ ከሱቅ

20.አዎከሆነ፣በምሰጠውአገልግሎቶችይረካሉ?

ሀ/ አዎለ/ አደለም

21.አደለምከሆነምንድነውምክንያትዎ ምንድነዉ?

ሀ/ የአገልግሎት ክፍያ ዉድ ስለሆነ

ለ/ ጊዜዬን ስለምያባክንብኝ

ሐ/ የባለሙያዎች አመለካከት ጥሩ ስላልሆነ

መ/ ሌላካለይጠቀስ

ለትዕግስትዎ ደግሜ በጣም አመሰግናለሁ!

8 ASSURANCE OF PRINCIPAL INVESTIGATOR

WOLKITE UNIVERSITY

COLLEGE OF HEALTH SCIENCE AND MEDICINE DEPARTMENT OF NURSING

This is to witness the research prepared by "Selam Desta, Genet Kinfe, and Abdulhamid Murade" on the research entitled by. assesment of self-medication practice and associated factor among adult house hold members of gubre town, gurage zone, Ethiopia cross sectional study 2022. Study was from May 2 to May 27 was conducted as a partial fulfillment of bachelor degree in nursing. Instructions with regulations of the university are met and the accepted standards are achieved. The advisor's recognition on this paper is announced.

Board of Approval

Advisor's Name Signature Date

_____ _____

_____ _____

Examiner's Name Signature Date

_____ _____ _____

_____ _____ _____

Department Head's Name Signature Date

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